

## Case Report

# Presentation and Management of Pyogenic Liver Abscess in a 23-Week Pregnant Woman

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Pyogenic liver abscess during pregnancy is an extremely rare condition. We report a case of 33-year-old, 23-week pregnant woman with pyogenic liver abscess. She was still in the hospital for medical observation of fever, when a sudden episode of tachycardia with a pulse of 210 beats per minute and tachypnea with a respiratory rate of 30 breaths per minute was encountered. At that moment, her fever was 39.6°C (103.28 Fahrenheit). The abdominal ultrasound stated a calcific echogenic mass with a measure of 6 cm in the liver region. Given the sonographic characteristics noted, a liver abscess was suspected. Our case was successfully treated with an ultrasound guided percutaneous aspiration of the abscess and a wide spectrum antibiotic. At 38 weeks of gestation, an elective cesarean delivery was performed. The female neonate weighed 3200 g with APGAR scores of 9 and 9 at the first and fifth minutes, respectively.

## 1. Introduction

Pyogenic liver abscess (PLA) complicating pregnancy is extremely rare. The most common microorganisms reported with this complication are *Escherichia coli* and *Bacteroides* spp. and polymicrobial infections [1]. Adequate management of this unusual clinical situation requires early diagnosis and treatment.

In this report, we present an interesting case of a pregnant woman who had complaint of fever and developed septic shock because of PLA, an unusual focus of infection.

## 2. Case Report

A 33-year-old patient, gravida 1, presented to the emergency service with fatigue and complaint of fever at home. From her medical history, we learned that she was hospitalized for gastroenteritis and fever for 10 days in another hospital, and before her admission to our clinic, she was discharged the day before with oral second generation cephalosporin treatment. The diagnosis in her previous hospitalization was gastroenteritis and nephrolithiasis. The patient stated that she

had intermittent fever at home after her discharge and was not feeling well.

In her admission, she denied any dysuria, diarrhea, sore throat, coughing, nausea, or rupture of membranes. In ultrasound, she had a healthy fetus of 23 weeks of gestation. She said she had fever of 39.8°C at home, but in her admission; it was 37°C (98.6 Fahrenheit) with a blood pressure of 110/70 mm Hg, a pulse of 80 beats per minute, and a respiratory rate of 18 breaths per minute. Her lungs were clear except for shallow respiratory sounds on the right. Her abdomen was nontender. The cervical examination was also normal with no discharge or discomfort. The initial laboratory tests were all normal including blood count, urine, and stool analysis. The only abnormal test was elevated C-reactive protein level (19.96 mg/dL).

A few hours later, while she was still in the hospital for medical observation, a sudden episode of tachycardia with a pulse of 210 beats per minute and tachypnea with a respiratory rate of 30 breaths per minute was encountered. At that moment, her fever was 39.6°C (103.28 Fahrenheit). Her electrocardiography was interpreted as sinus tachycardia. Her echocardiography revealed mild tricuspid regurgitation,



## 4. Conclusion

Although rare, in situations of sepsis or septic shock in pregnancy, as well as the common sources of infection, a possibility of a liver abscess should also be kept in mind and ultrasonographic evaluation of this region should be considered.

## Disclosure

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